SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
PAGE 7 OF 40

[X] 11a　[ ] 11b　[ ] 11c　[ ] 12
[ ] 13　[ ] 14　[ ] 15　[ ] 16　[ ] 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Michael G. DeKoning

Mailing Address 56 Perimeter Center East
Suite 5000

City: Atlanta　State: GA　Zip Code: 30346-2296

FEC ID number of contributing federal political committee.　C

Name of Employer: Munich American Reassurance Company
Occupation: President & Chief Executive Officer

Receipt For:
[ ] Primary　[ ] General
[ ] Other (specify) ▼

Date of Receipt: 09 / 11 / 2012
Transaction ID : 47897122

Amount of Each Receipt this Period: 2500.00

Aggregate Year-to-Date ▼: 2500.00

B. Full Name (Last, First, Middle Initial)
Mr. Dennis L. Johnson FLMI, CLU

Mailing Address 926 W. Oakhampton Drive

City: Eagle　State: ID　Zip Code: 83616-6744

FEC ID number of contributing federal political committee.　C

Name of Employer: United Heritage Mutual Life Insurance
Occupation: President and CEO

Receipt For:
[ ] Primary　[ ] General
[ ] Other (specify) ▼

Date of Receipt: 09 / 11 / 2012
Transaction ID : 47897124

Amount of Each Receipt this Period: 500.00

Aggregate Year-to-Date ▼: 500.00

C. Full Name (Last, First, Middle Initial)
Ruth B. Smith

Mailing Address One National Life Drive

City: Montpelier　State: VT　Zip Code: 05604-1000

FEC ID number of contributing federal political committee.　C

Name of Employer: National Life Insurance Company
Occupation: Vice President

Receipt For:
[ ] Primary　[ ] General
[ ] Other (specify) ▼

Date of Receipt: 09 / 11 / 2012
Transaction ID : 47897209

Amount of Each Receipt this Period: 1000.00

Aggregate Year-to-Date ▼: 1000.00

SUBTOTAL of Receipts This Page (optional).. ▶ 4000.00

TOTAL This Period (last page this line number only).......................... ▶